## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#710220**

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAMPA, FL 33617

BOYETTE, BILLY B

5403 98TH AVENUE

() Delete

TEMPLE TERRACE, FL 33617

FILED Jan 14, 2008 Secretary of State

Entity Name: BELMONT BAPTIST CHURCH, INC. OF TAMPA, FLORIDA

**Current Principal Place of Business: New Principal Place of Business:** 7830 N. 56 STREET TAMPA, FL 33617 US **Current Mailing Address: New Mailing Address:** 7830 N. 56 STREET TAMPA, FL 33617 US FEI Number: 59-0760196 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOPEZ, HERMAN J 10910 FLORENCE AVE THONOTOSASSA, FL 33592 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete SHUMAN, TERENCE L OSBOURN, J. E Name: Name: 604 W. 68TH STREET Address: 3809 CORAL DRIVE Address: City-St-Zip: TAMPA, FL 33619 City-St-Zip: TAMPA, FL 33619 Title: ( ) Delete Title: () Change () Addition Name: CROSS, MARY H Name: Address: 406 BELLE VIEW Address: City-St-Zip: TEMPLE TERRACE, FL 33617 City-St-Zip: Title: () Delete Title: () Change () Addition NOBLES, JOSEPH J JR. Name: Name: 3701 PIERCE HARWELL LOOP Address: Address: City-St-Zip: PLANT CITY, FL 33565 City-St-Zip: Title: П ( ) Delete Title: () Change () Addition Name: LOPEZ, HERMAN H Name: 10910 FLORENCE AVENUE Address: Address: City-St-Zip: THONOTOSASSA, FL 33592 US City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition BUFFINGTON, DAN REXROAT, ROBERT Name: Name: 8037 BRINE GREEN WAY 4329 GROVE VIEW Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

TAMPA, FL 33617

REVELS, BARBARA

8713 N. WHITTIER STREET

TEMPLE TERRACE, FL 33617

(X) Change ( ) Addition

SIGNATURE: BARBARA REVELS T 01/14/2008